

Hearing Date: September 11, 2013, at 10:00 a.m. (EST)

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UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

-----X  
In re : Chapter 11  
:   
Interfaith Medical Center, Inc.,<sup>1</sup> : Case No. 12-48226 (CEC)  
:   
Debtor. :   
-----X

**THIRD SUPPLEMENT TO DEBTOR’S MOTION FOR ENTRY OF AN ORDER  
PURSUANT TO SECTIONS 105, 363, AND 1108 OF THE BANKRUPTCY CODE,  
AUTHORIZING THE DEBTOR TO IMPLEMENT, IN ACCORDANCE WITH  
NEW YORK STATE LAW, A PLAN OF CLOSURE FOR THE DEBTOR’S  
HOSPITAL AND CERTAIN AFFILIATED OUTPATIENT CLINICS AND PRACTICES**

TO THE HONORABLE CARLA E. CRAIG,  
CHIEF UNITED STATES BANKRUPTCY JUDGE:

Interfaith Medical Center, Inc., the debtor and debtor in possession in the above-captioned case (the “**Debtor**” or “**IMC**”), hereby submits this Third Supplement to the Debtor’s Motion for Entry of an Order Pursuant to Sections 105, 363, and 1108 of the Bankruptcy Code, Authorizing the Debtor to Implement, in Accordance with New York State Law, a Plan of Closure for the Debtor’s Hospital and Certain Affiliated Outpatient Clinics and Practices [Docket No. 602] (the “**Motion**”),<sup>2</sup> and through its undersigned counsel, respectfully represents as follows:

<sup>1</sup> The last four digits of the Debtor’s federal tax identification number are 6155. The Debtor’s mailing address is 1545 Atlantic Avenue, Brooklyn, New York 11213.

<sup>2</sup> All capitalized terms used herein, but not otherwise defined shall have the meanings ascribed to them in the Motion.

On August 12, 2013, the Debtor filed the second supplement to the Motion [Docket No. 627], which attached a copy of the Debtor's proposed Closure Plan. Since then, as a result of the continuing dialogue between IMC and the New York State Department of Health (the "**DOH**"), additional changes were made to the Closure Plan. Consequently, on September 10, 2013, an updated version of the Closure Plan was submitted to DOH. The updated Closure Plan is annexed hereto as Exhibit 1. A redline of the updated Closure Plan showing changes from the version filed on August 12, 2013 is attached hereto as Exhibit 2.

Dated: September 10, 2013

WILLKIE FARR & GALLAGHER LLP

By: /s/ Alan J. Lipkin  
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*Attorneys for the Debtor and Debtor in Possession*

**EXHIBIT 1**

**Updated Closure Plan, As Submitted To DOH On September 10, 2013**

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\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\*



September \_\_, 2013

**VIA FACSIMILE AND REGULAR MAIL**

Karen S. Westervelt  
Deputy Commissioner  
Office of Health Systems Management  
NYS Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York, 12237

Re: Interfaith Medical Center

Dear Ms. Westervelt:

The following is a draft of the Plan of Closure (the “Closure Plan”) required by 10 NYCRR §401.3 for Interfaith Medical Center (“IMC”) (Operating Certificate #7001046H).

In summary, IMC’s Emergency Department will go on permanent diversion status on [September 26, 2013]. IMC will cease accepting new inpatient admissions as of [\_\_\_\_ a.m./p.m.] on [September 26, 2013]. On [September 27, 2013] at 6 a.m., the Emergency Department will be transitioned to a “treat and release or transfer” site. All in-patients will be discharged or transferred by [October 26, 2013]; all outpatients will be discharged or transferred by [November 26, 2013]; and all HIV, detox and rehabilitation patients will be discharged or transferred by [December 25, 2013]. IMC will cease all operations as of [December 25, 2013] (“closure date”). IMC will use its best efforts to work closely with New York State Department of Health (“NYS DOH”) and other applicable regulatory agencies to identify and make arrangements with alternative providers for the continuance of all outpatient programs operated by IMC or, if such arrangements can not be made, the transfer of each then-current outpatient to an alternative provider for ongoing care. Set forth below is a description of all elements of the Closure Plan. This Closure Plan is subject to approval by the NYS DOH and the United States Bankruptcy Court of the Eastern District of New York (the “Bankruptcy Court”).

**I. Introduction**

On July 24, 2013 the Board of Trustees of IMC directed management to develop and implement a plan for the closure of its inpatient care facilities, and to provide for the identification of alternative providers for the continuance of its outpatient programs, and the transfer of its outpatients to alternative providers if such arrangements cannot be made. This decision was

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reached after concluding that we have exhausted all efforts to preserve IMC as an inpatient hospital and as a result of the directive set forth in that certain letter from Karen Westervelt, Deputy Commissioner, Office of Primary Care and Health Systems Management, dated July 19, 2013. Without an approved reorganization plan and financing to maintain operations in bankruptcy, IMC expects changes may occur quickly as suppliers, staff, physicians, and others respond to initial communications regarding sale and closure of IMC. While IMC will comply with all Federal and State employee notification requirements, IMC needs to avoid any situation that might represent a threat to patient health and will seek to reduce in-patient census as quickly as safely manageable.

## II. IMC Overview

IMC's core business is anchored in Central Brooklyn. The Community of Central Brooklyn faces serious health care access issues. IMC is located in a primary medical care Health Professional Shortage Area as designated by the federal government. The shortage of primary care providers combined with the social problems that plague low income, high poverty communities have led to serious health status consequences for its residents.

The services provided by IMC are reflected on its operating certificate attached as Exhibit A. These services include a broad spectrum of inpatient services with 287 beds. IMC also has outpatient facilities including 3 clinics and 7 behavioral health sites.

The closure of IMC requires communication to employees, patients, families, providers, and the community at-large, transfer/removal of medical records, disposition of equipment, pharmaceuticals and inventory. In anticipation of the closing of IMC and in preparation for the transition of the community and patients to alternative delivery sites, IMC management is working with other area organizations and providers to plan for communication and transition. IMC is involving other stakeholders in the closure process, including:

- IMC Medical Staff
- IMC Employees
- Collective Bargaining Units, including 1199/SEIU, NYSNA, CIR, Federation of Union Doctors
- Governor Andrew Cuomo
- Mayor Michael Bloomberg
- U.S. Senator Charles Schumer
- Brooklyn Borough President, Marty Markowitz
- Congressman Hakeem Jeffries
- State Senator Velmanatte Montgomery
- Assemblywoman Annette Robinson
- Assemblyman Walter Mosley
- Councilman Albert Vann
- Local Fire, Police, and EMS Units
- NYC Office of Emergency Management
- Other Brooklyn-based health care providers
- NYC DOHMH

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- NYS DOH
- ACGME
- NYS Office of Mental Health (“OMH”)
- NYS Office of Alcoholism and Substance Abuse Services (“OASAS”)
- The Joint Commission (“TJC”)
- The Centers for Medicare and Medicaid Services (“CMS”)
- NYS Attorney General’s Office (“NYS AG”)

### **III. Board of Trustees Authorization**

The Board of Trustees of IMC voted to approve the closure of IMC’s inpatient services (unless an alternative provider acceptable to DOH can be found), and to provide for the transfer of all outpatient programs to alternative providers to continue the operation of each such program, or, if an alternative provider cannot be found, to close such program and transfer each then-current patient to an alternative provider for ongoing services and to approve the submission of this Plan to DOH, at its meeting on July 24, 2013.

### **IV. Operating Certificates**

A copy of IMC’s Operating Certificate is attached as **Exhibit A**.

### **V. Services to Close or Transfer**

- A. In-Patient Services at IMC.
- B. Outpatient Services/Hospital Extension Clinics.
  - 1. IMC Primary Care Designated HIV Treatment Center at 880 Bergen Street, Brooklyn, NY 11238
  - 2. Bishop O.G. Walker Jr. Health Care Center at 528 Prospect Place, Brooklyn, NY 11238
  - 3. Dental Center at 1536 Bedford Avenue, Brooklyn, NY 11216
  - 4. Behavioral Health Alternative Housing Program at 1366 East New York Avenue, Brooklyn, NY 11233
  - 5. Behavioral Health Program Adult Clinic at 1038 Broadway, Brooklyn, NY 11238
  - 6. Mobile Crisis Unit at 880 Bergen Street, Brooklyn, NY 11238
  - 7. Methadone Maintenance Treatment Program at 882 Bergen Street, Brooklyn, NY 11213
- C. Mental Health/Substance Abuse Programs at IMC’s primary location, 1545 Atlantic Avenue, Brooklyn NY 11213
  - 1. Mental Health Clinic Treatment Program
  - 2. Partial Hospitalization Program
  - 3. Intensive Psychiatric Rehabilitation Treatment Program

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4. Polysubstance Detoxification Unit
  5. Chemical Dependency Outpatient Services
- D. OPWDD services provided at various locations throughout Brooklyn at facilities neither owned or leased by IMC through a contract with Global Communication Services, Inc.
- E. Urgi-Center operated by Atlantic Urgent Care, P.C., a captive professional corporation of IMC, at 1545 Atlantic Avenue, Brooklyn, NY 11213.
- F. Graduate Medical Education/Undergraduate Medical Education:

IMC is the primary training site for 117 residents and fellows in the following specialties, through affiliation with State University of New York, Downstate.

Internal Medicine	91 Residents	Sponsored by IMC
Dental	9 Residents	Sponsored by IMC
Podiatry	7 Residents	Sponsored by IMC
Ophthalmology	6 Residents	Sponsored by St. John's Episcopal Hospital
Gynecology	4 Residents	Sponsored by The Brooklyn Hospital Center
APA Approved Psychology	4 Interns	Sponsored by New York Methodist Hospital
Fellows	9 (4 Pulmonary, 3 Gastroenterology, 2 Cardiology)	

In addition, IMC is a participating teaching site for medical students from NY Medical College (12), Saint Matthew's University (8) and SABA University Medical School (7).

## **VI. Closure Impact**

The primary service area for IMC includes Central Brooklyn.

Continuity of care for IMC's inpatient population will be provided by a number of providers, including:

- Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Kings County Medical Center
- Kingsbrook Medical Center
- New York Methodist Hospital
- SUNY Downstate

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- Woodhull Medical and Mental Health Center
- Wyckoff Heights Medical Center

IMC management has reached out to each of these facilities to advise them of the impending closure. There will be significant impact on each of these facilities, as they will need to absorb IMC's emergency room volume, inpatient medical/surgical and inpatient psychiatric admissions. IMC will work closely with each facility to ensure as smooth a transition as possible. These facilities are accessible via public transportation and private automobile. We are drafting notification letters to be given to inpatients, family members and visitors, indicating the intention of IMC to transfer its patients to alternative providers (subject to patient choice), the closure of IMC and how they may obtain a copy of their medical records. Posters will be prominently displayed in high traffic areas such as: the emergency room, the lobby, waiting areas, and the cafeteria.

## **VII. Emergency Department Closure Process**

IMC intends to coordinate with **FDNY**, concerning the plan for the closure of IMC, the Emergency Department and IMC's ambulance services. When the Closure Plan is approved by NYS DOH and Bankruptcy Court, IMC will send a letter to Commissioner Salvatore J. Cassano and Chief Robert Hannafey outlining the proposed closure and transition plan for the Emergency Department and IMC's 911 EMS ambulance routes. The proposed closure and transition plan is as follows:

1. Notify FDNY and area hospitals that the Emergency Room will go on permanent diversion status at [\_\_\_ a.m./p.m.] [September 26, 2013], for all services.
2. Notify all facilities with active transfer agreements that the Emergency Department is on diversion status and their patients should be directed to other facilities for care;
3. Send a DOH and Bankruptcy Court approved press release to local newspapers;
4. Post signs in English, Spanish, and French Creole at the Emergency Department entrance and other locations in the hospitals and off-site clinics, informing the public of our plan to close the Emergency Department on [October 25, 2013];
5. On [September 26, 2013], IMC will cease admitting Emergency Department patients to the hospital. All patients treated in the Emergency Department after that date will be treated and released or transferred to other facilities, as necessary. The hospital will maintain two (2) non-911 ambulances (1 basic life support ambulance and 1 advanced life support ambulance) to be stationed at the Emergency Department starting on [September 26, 2013], and continuing for such period of time after the Emergency Department closes permanently, as may be agreed upon between IMC and DOH;



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6. Remove or cover all signs at the hospital identifying it as an Emergency Receiving Hospital;
7. Notify New York Department of Transportation that all blue hospital signs need to be removed;
8. The Emergency Department will cease operations on [October 25, 2013] at 6 a.m. The two (2) non-911 ambulances (1 basic life support ambulance and 1 advanced life support ambulance) will continue to be stationed at the Emergency Department for a period of time after [October 25, 2013] as may be agreed to by IMC and DOH to facilitate any necessary transfers;
9. A security department staff member will remain in the Emergency Department for a thirty (30) day period following the closure to provide information to persons who may arrive at the Emergency Department seeking care;
10. Post closure of the Emergency Department Signs in English, Spanish, French Creole will be placed at the Emergency Department entrance providing emergency 911 contacts and directing patients to the nearest Emergency Department; such signs shall remain in place as long as may be feasible;
11. Summary of 9-1-1 Receiving Hospital and Ambulance Services
  - a. IMC is collaborating with the Director of NYSDOH Bureau of Emergency Medical Services, and FDNY EMS Chief regarding the impact of the proposed closure on the EMS system.

#### **VIII. Plans for Continuity of Care**

A. Inpatient Services – It is anticipated that all general acute care hospital beds will close by [October 26, 2013]. IMC will cease accepting new admissions as of [\_\_\_\_ a.m./p.m.] on [September 26, 2013]. All inpatients at IMC will be discharged or transferred by [October 26, 2013]. It is anticipated that the majority of these patients will be discharged with the remaining patients requiring transfers to other hospitals or placement in long-term care or specialty facilities. Subject to patient choice, IMC will transfer those patients requiring continued hospitalization to other area hospitals after obtaining appropriate patient consent. IMC is coordinating with NYS DOH to ensure that the facilities that accept patients participate in the patients' managed care networks, as appropriate, to the fullest extent possible. All medical records will be maintained and stored per section XIII below. It is assumed that the acute care volume normally treated at IMC will be absorbed by other hospitals in the vicinity including Brookdale Hospital Medical Center, The Brooklyn Hospital Center, Kings County Medical Center, Kingsbrook Medical Center, New York Methodist Hospital, SUNY Downstate, Woodhull Medical and Mental Health Center, and Wyckoff Heights Medical Center. The chief executive officer of each of these hospitals has been notified of the impending closure.

The following inpatient services, and all other inpatient services necessary to support patient care for remaining patients, will be continued until all patients are transferred or discharged on or before [October 26, 2013]:

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- (a) radiology (diagnostic) services;
- (b) nuclear medicine (diagnostic) services;
- (c) pharmaceutical services; and
- (d) laboratory services.

B. Surgical Services – Elective surgeries will be discontinued as of [September 26, 2013]. All surgeries scheduled after that date will be cancelled or transferred. Physicians utilizing hospital surgical services will be notified in writing of the projected date of closure of the service.

C. Outpatient Services/Hospital Extension Clinics – IMC is working with DOH and OMH to provide for the transfer of IMC's clinics to or with alternative providers to continue the operation of the clinics and, if possible, within the IMC community. If, however, alternative providers cannot be found by a date to be determined in consultation with DOH, the clinics will cease operations. All patients will be notified of the transfer or closure, as the case may be, of each clinic and will be transferred or referred to other area clinics for continued care and treatment, subject to patient choice. All patient records will be stored and will be forwarded to other clinics or practitioners as and when directed by the patient. The clinics and specific information relating to each is set forth below:

1. IMC Primary Care Designated HIV Treatment Center at 880 Bergen Street, Brooklyn, NY 11238.

IMC has received a commitment from Kingsbrook Jewish Medical Center to assume operations of this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

IMC is working closely with the New York State AIDS Institute concerning the closure plan for the IMC Primary Care Designated HIV Treatment Center. IMC will comply with the HIV Center Closure Plan provided by the AIDS Institute, and employ the draft patient letter samples provided in making notice to patients attached hereto as **Exhibit B** regarding program changes or **Exhibit C** in the event the clinic closes. Specifically, if and when Kingsbrook receives the necessary approvals and funding and is confirmed as the alternative provider, the following steps will be taken to ensure continuity of care:

- a. Subject to patient choice, all patients will be referred to Kingsbrook to continue services on site, with the same staff.
- b. Patients will be tracked to ensure continuity of care and follow-up utilizing the spreadsheet attached as **Exhibit D**. This spreadsheet will be forwarded to the AIDS Institute at DOH to the attention of Ms. Deborah Dewey via a trackable means. All patients who present to the IMC Primary Care Designated HIV Treatment Center will be provided with counseling regarding the closure of the Clinic and the transfer to

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Kingsbrook. Patients will be provided with choice regarding their next provider. IMC Primary Care Designated HIV Treatment Center staff will be available to facilitate the medical record correspondence form to facilitate forwarding of the copy of the record. The IMC Primary Care Designated HIV Treatment Center staff are contacting each patient to encourage them to make an appointment so that this process may occur in a face to face setting. The IMC Primary Care Designated HIV Treatment Center will continue to see patients until such time that all patients have been placed with another provider. Should patients continue to contact the IMC Primary Care Designated HIV Treatment Center after the actual closure, they will be referred to the new provider at the same location. Counseling and referral will then occur.

c. A mechanism is in place to receive all laboratory and diagnostic results that arrive into the IMC Primary Care Designated HIV Treatment Center after the actual closure date. These results will be reviewed by Dr. Shamin Ahmed or Dr. Wilkins Williams, and appropriate actions, including patient or next provider notification will occur. Dr. Shamin and Dr. Williams can be reached via telephone at (718) 613-7555.

d. The telephone extension for the IMC Primary Care Designated HIV Treatment Center will remain intact and be assigned to the new provider at that site. If no alternative provider is found, the extension will remain intact and will be forwarded to a mailbox which will be checked daily and calls will be returned by clinic staff. This mailbox will remain in effect for 3 months.

2. Bishop O.G. Walker Jr. Health Care Center at 528 Prospect Place, Brooklyn, NY 11238

IMC has received a commitment from Kingsbrook Jewish Medical Center to assume operations of this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

3. Dental Center at 1536 Bedford Avenue, Brooklyn, NY 11216

IMC has received a commitment from Kingsbrook Jewish Medical Center to assume operations of this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

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4. Behavioral Health Alternative Housing Program at 1366 East New York Avenue, Brooklyn, NY 11233

IMC has received a commitment from Service for the UnderServed to assume the services of this program. SUS plans to take over these services, and move the administrative office to its own facilities at 457 St Marks Ave A6, Brooklyn, and has committed to offering employment to all staff.

5. Behavioral Health Program Adult Clinic at 1038 Broadway, Brooklyn, NY 11238

On August 7, 2013, OMH issued a Request for Interest seeking Brooklyn based OMH licensed mental health clinic providers who are interested in assuming the operations of this clinic. Interested parties were requested to respond by August 16, 2013. Per OMH, multiple expressions of interest that would keep the services in the current locations have been received and are under consideration.

6. Mobile Crisis Unit at 880 Bergen Street, Brooklyn, NY 11238

The Mobile Crisis Unit service has been transferred to Kings County Hospital as of August 30, 2013.

7. Methadone Maintenance Treatment Program at 882 Bergen Street, Brooklyn, NY 11213

IMC is currently in discussions with START Treatment & Recovery Centers (Addiction, Research and Treatment Corp. or ARTC) to assume the operations of this clinic at its current location.

- D. Mental Health/Substance Abuse Programs at IMC's primary location, 1545 Atlantic Avenue, Brooklyn NY 11213

1. Mental Health Clinic Treatment Program

On August 7, 2013, OMH issued a Request for Interest seeking Brooklyn based OMH licensed mental health clinic providers who are interested in assuming operations of this program. Interested parties were requested to respond by August 16, 2013. Per OMH, multiple expressions of interest that would keep the services in the current locations have been received and are under consideration.

2. Partial Hospitalization Program – the program will cease accepting new patients as of the date that inpatient admissions cease. All patients in the

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program will continue to receive services through the six week program, and the program will be closed following the discharge of the last patient.

3. Intensive Psychiatric Rehabilitation Treatment Program – IMC has obtained commitments from other providers to accept transfer of all of these clients, subject to patient choice, at neighboring Personalized Recovery Oriented Services Programs (PROS) programs, as follows: the FECS PROS program has committed to taking eight (8) patients, and the ICL PROS program has committed to taking seven (7) patients.
4. Polysubstance Detoxification Unit (inpatient) – will be closed along with other inpatient services.
5. Chemical Dependency Outpatient Services

IMC is currently in discussions with START Treatment & Recovery Centers (formerly Addiction, Research and Treatment Corp. or ARTC) to assume the operations of this clinic at another location in the IMC community.

- E. OPWDD services provided at various locations throughout Brooklyn at facilities neither owned or leased by IMC through a contract with Global Communication Services, Inc.

IMC is working with Global Communication Services, Inc. to transition the services historically provided by IMC. FECS, Inc. and Terence Cardinal Cooke Health Care Center have both committed to taking all of these clients: FECS has committed to taking 50 clients, and Terence Cardinal Cooke has committed to taking 20 clients.

- F. Urgi-Center operated by Atlantic Urgent Care, P.C., a captive professional corporation of IMC, at 1545 Atlantic Avenue, Brooklyn, NY 11213.

IMC has received a commitment from Kingsbrook Jewish Medical Center to assume operations of this urgi-center, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

## **IX. Human Resource Services and Employee Relocation**

IMC employs approximately 1,500 FTE employees.

IMC is coordinating efforts to assist IMC's staff in receiving supplemental unemployment benefits and retraining and placements. Open and ongoing communication will continue with all affected staff and labor organizations. WARN ACT notices were mailed on August 2, 2013.

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**X. Medical Staff Services and Relocation**

There are 343 members on IMC's medical staff, which includes 205 salaried physicians and 43 allied health practitioners. While some of IMC's physicians and allied health practitioners are credentialed at other hospitals, should they so desire, IMC will offer them assistance in obtaining clinical privileges at neighboring hospitals.

IMC will maintain credentialing files and access to same for a period of time after closure to support credentialing activities at other hospitals.

**XI. Medical Residents and Students****a. Residents/Fellows**

All residents and fellows have been notified about IMC's anticipated closure and residency rescue activities are being implemented in accordance with ACGME guidelines. The ACGME has been notified of the impending closure and IMC is working closely with ACGME to ensure placement of the residents and fellows.

The Program Director has reviewed credentials and pre-qualified IMC's residents and fellows. The Program Director has contacted area residency programs, and IMC has received commitments from The Brooklyn Hospital Center (TBHC), Kingsbrook Jewish Medical Center, Brookdale Hospital Medical Center, New York Methodist Hospital, and Lutheran Medical Center as follows:

Internal Medicine Residents (91):

- TBHC - 20
- Kingsbrook Jewish Medical Center- 33 (if it is selected to assume operations of the Bishop Walker clinic)
- Brookdale Hospital Medical Center - 20
- New York Methodist Hospital - 10
- Lutheran Medical Center – 5

The Program Director is continuing to seek placement for the remaining three (3) Internal Medicine residents.

Dental Residents (9) – Kingsbrook Jewish Medical Center - 9 (if Kingsbrook is selected to assume operations of the Dental Clinic)

Podiatry Residents (7) – TBHC – 7

Pulmonary Fellows (4) -- Kingsbrook Jewish Medical Center – 4

GI Fellows (3) -- Sponsored by SUNY Downstate, which will be placing them in a new institution to continue their studies.

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Cardiology Fellows (2) -- Sponsored by New York Methodist Hospital, which will be placing them in a new institution to continue their studies.

Ophthalmology Residents (6) -- Sponsored by St. John's Episcopal Hospital, which will be placing them in a new institution to continue their studies.

Gynecology Residents (4) -- Sponsored by The Brooklyn Hospital Center, which will be placing them in a new institution to continue their studies.

Psychology Interns (4) -- Sponsored by New York Methodist Hospital. Three interns have accepted positions at St. John's Riverside Hospital – Andrus Pavilion, Greystone State Psychiatric Center, Morris Plains, New Jersey, and Kings County Hospital, Brooklyn. The fourth intern is awaiting the results of several interviews.

**b. Medical Students**

IMC has notified American University of Antigua College, NY Medical College, Saint Matthew's University and SABA University Medical Schools of IMC's anticipated closure. These entities have advised IMC that they will take whatever action is necessary to arrange new placements for their students.

**XII. Communications and Community Outreach Plan**

In addition to communicating with IMC patients, physicians, nurses, and staff, IMC will collaborate with various community members, including the unions, elected officials, government officials, the media and the community advisory boards. In addition IMC will issue a press release to various media outlets upon approval of the Closure Plan by the NYS DOH and Bankruptcy Court.

**XIII. Medical Records and Documentation Retention**

Medical Record management after the closure date will ensure the confidentiality of medical records and future access by patients and subsequent treating providers. IMC solicited bids for permanent storage of all records required for retention, and has preliminarily selected MetalQuest, a major vendor for document management, as the best qualified bidder, subject to approval of the Bankruptcy Court. IMC currently stores records with CitiStorage, SDK and Comprehensive Archives. IMC will transfer all medical records to MetalQuest pursuant to a written agreement. The agreement will provide for future access by patients, regulatory agencies, and physicians, as appropriate. The agreement will require compliance with HIPAA, and state confidentiality laws, including HIV confidentiality laws, and that an HIV-compliant release form be used. IMC will maintain its main telephone number (718) 613-4000 and callers will be directed to contact the retained vendor directly for access to medical records.

IMC shall also arrange for the retention of, and access to, business and other records in accordance with applicable law and regulation.

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The management of pharmaceuticals upon closure will be conducted within State and Federal DEA guidelines. Within each respective care area, the nurse manager and/or pharmacist will coordinate the tabulation of final pharmaceutical inventories and transport remaining pharmaceuticals to IMC's central pharmacy. All medications shall then be returned to vendors. IMC will document all pharmaceutical dispositions. IMC will surrender all licenses and registrations to DEA, the Board of Pharmacy the Bureau of Narcotics Enforcement and other applicable agencies per regulatory requirements. IMC will maintain all records pertaining to prescription drugs as required by applicable law.

**XV. Radiology/Laboratory**

The management of radioactive materials and other chemicals and hazardous materials upon closure will be conducted within State and Federal guidelines. Within each respective area, the Department supervisor will coordinate the inventory of all such materials which shall then either be disposed of in accordance with State and Federal guidelines, returned to vendors, or transferred to another provider as appropriate. IMC will document all dispositions of such materials. Film library will be stored in an off-site facility as part of the IMC document retention plan as required by applicable law. Laboratory records will be maintained as part of the medical records as required by applicable law. Once these services are no longer required, IMC will surrender all licenses and registrations to the Department of Health, local agencies, and other applicable agencies per regulatory requirements. IMC has a contract with Radiac to manage decontamination of hot rooms at IMC.

**XVI. Medical Waste and Infectious Materials**

All medical waste and infectious materials will be disposed of through appropriate channels in full compliance with regulatory requirements. IMC has a contract with Steri-cycle to manage the appropriate disposal of all such materials.

**XVII. Equipment, Furniture, and Fixtures**

Liquidation of equipment, furniture and fixtures will be done under the supervision of the Bankruptcy Court. IMC will hire an appropriate vendor to assist in liquidating its physical assets subject to a solicitation of bids. Upon closing of floors, physical assets will be locked down and secured until disposed of. It is anticipated that asset sales will occur after all patients are discharged.

**XVIII. Supplies and Inventory**

IMC will work with suppliers and vendors to ensure orderly closure and availability of necessary supplies until closure of IMC. Vendors will be notified of the closure and the termination of supply agreements in a timely fashion as necessary in accordance with their contracts and bankruptcy procedures. Unused supplies and inventory will be returned for refunds or donated to other not-for-profit facilities, as allowed by bankruptcy law.



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**XIX. Security Plan**

Upon announcement of the closure, IMC plans to significantly increase security to provide a safe environment for patients and employees and to safeguard assets. Units with valuable equipment, pharmaceuticals and medical supplies will be locked down. Physical assets will not be removed from the building without appropriate approval.

**XX. Administrative Office**

The Administrative Office at 1545 Atlantic Avenue, Brooklyn, New York 11213 will remain open during the closure. Staff will be retained to support necessary administrative functions including, finance, IT, payroll, purchasing and A/P to meet all legal and financial reporting requirements.

**XXI. Notifications**

IMC will notify each current IMC in-patient and out-patient (and that person's next-of-kin and physician, where appropriate) of the impending closure of IMC. Draft forms of notices to inpatients and outpatients are attached hereto as **Exhibit B** and **Exhibit E**. IMC will also notify the following persons and entities of its impending closure:

- IMC employees
- Union representatives
- Office of the Mayor of the City of New York (pursuant to WARN Act)
- State Relocation Worker's Unit (pursuant to WARN Act)
- All IMC based private practices
- The Brooklyn Hospital Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center
- Kingsbrook Medical Center
- Kings County Medical Center
- Brookdale Hospital Medical Center
- Hunter Ambulance
- First Response Ambulance
- NYS Department of Health
- NYC DOHMH
- ACGME
- OMH
- OASAS
- TJC
- CMS
- NYS AG, Charity Bureau

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IMC will communicate with the community about closure, including release of a press release to local newspapers upon approval of the Closure Plan by the NYS DOH and Bankruptcy Court to be and placement of notices outside IMC.

## **XXII. Timing of Key Closure Activities**

A proposed timeline for the closure is included in **Exhibit F**.

IMC is committed to an orderly closure that will prevent disruption of patient care and minimize inconvenience to patients and their families. We ask that you direct any questions you may have concerning this Plan to the following:

Patrick Sullivan  
Interim Chief Executive Officer  
Interfaith Medical Center  
718-613-4120  
PSullivan@interfaithmedical.org

Judith A. Eisen, Esq.  
Garfunkel Wild, PC  
516-393-2220  
jeisen@garfunkelwild.com

Sincerely,

Patrick Sullivan  
Interim Chief Executive Officer

cc: Judith Eisen, Esq.

**EXHIBIT A**

**Operating Certificate**

DRAFT

**EXHIBIT B**

**Form of Patient Notice**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO INPATIENTS]

\_\_\_\_\_, 2013

Dear Patient and Family:

As a patient of Interfaith Medical Center (“IMC”), we are saddened to tell you that, after more than 140 years of service to people of Central Brooklyn and the surrounding communities, IMC is closing.

We are committed to making your transition to a new healthcare provider as smooth as possible. IMC’s staff will be visiting you to arrange for your discharge and follow up care, if your physician believes you are ready, or for your transfer to another facility, if you need continued inpatient care and treatment. You have a choice about where to obtain your care. If you will be transferred to another facility, our staff members will work with you and your family to determine which provider will best be able to meet your treatment needs, and will make all the transfer arrangements. You will be provided with appropriate transportation and will be escorted by appropriate medical personnel. Copies of all of your relevant medical records will be sent with you to the next facility.

After IMC closes, your medical records will continue to be stored at IMC for a period of time. If you need a copy of your medical records or radiology or laboratory results, please call (718) 613-4000.

All of us at IMC appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

**EXHIBIT C**

**Form of Notice in event IMC Primary Care Designated HIV Treatment Center Closes**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO PRIMARY CARE CLINIC PATIENTS – CLINIC CLOSURE]

, 2013

Dear Patient;

Our records indicate that you have been a patient at Interfaith Medical Center's Primary Care Clinic. It is with regret that we inform you of the closure of the Interfaith Medical Center and the Clinic. The last day that the Clinic will see patients is \_\_\_\_\_, 2013.

It is extremely important that you continue to seek medical care. We are available to assist you in any way in this transition.

Attached you will find a listing of providers for continued care. Our staff can assist you in choosing a provider that is convenient for you and in the network of your managed care plan. Please contact \_\_\_\_\_ at \_\_\_\_\_ **Number**.

The Interfaith Medical Center records department will help you to obtain a copy of your medical record or send it to your next provider at no charge to you. You can reach the medical records department by calling (718) 613-4000. An authorization form is enclosed for your convenience. Forms are also available at the Clinic.

Please complete the form, sign it and either bring it to the Clinic or mail it to:

Contact

Address

All of us at Interfaith Medical Center appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

---

Patrick Sullivan  
Interim Chief Executive Officer

## Attachment – Alternative Providers

Name of Alternative Provider [Include HIV providers at D&TCs as well as hospitals as outpatient care options]	Address	Managed Care Plans Accepted
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**EXHIBIT D**

**TRACKING SPREADSHEET**

DRAFT

**EXHIBIT E**

**Forms of Out-Patient Notices**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS-TRANSFER OF OPERATION TO ANOTHER PROVIDER]

\_\_\_\_\_, 2013

Dear Patient:

As an outpatient of Interfaith Medical Center's \_\_\_\_\_ Clinic (the "Clinic"), we want to let you know that, as of \_\_\_\_\_, 2013, the operations of the Clinic will be transferred to \_\_\_\_\_. It is the hospital's goal to provide stability and to maintain quality healthcare and vital services during this transition.

As always, our first priority is our patients. [The clinical staffs who have cared for you at the Clinic will continue to provide you with the highest quality care.] You should not experience any interruption of services.

You have a choice about where you receive your medical care, and we hope you will choose to continue your care with \_\_\_\_\_. Should you seek treatment elsewhere, however, you may request that a copy of your medical records be sent to your new provider by calling (718) 613-4000.

\_\_\_\_\_ [name of new provider] is committed to providing high quality, compassionate care and services for its patients, their families and the communities we serve. If you have any questions about your care or need other assistance, please call (718) 613-4000.

Thank you for trusting us with your medical care, and for your support and understanding during this transition.

Thank you for your patience during this transition.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS - CLOSURE OF PROGRAM]

\_\_\_\_\_, 2013

Dear Patient and Family:

As an outpatient of Interfaith Medical Center's \_\_\_\_\_ Program (the "Program"), we are saddened to tell you that the Program will be closing as of \_\_\_\_\_, 2013. It is our goal to provide stability and to maintain quality healthcare and vital services during this transition.

You have a choice about where to obtain your care. The providers listed below are available to provide continuing care to patients of the Program. Please call the provider directly to arrange an appointment. If you need assistance or a referral, we will help you in locating another provider to continue your care. Please call (718) 613-4000 for assistance. We will transfer your records to your new provider upon your written consent. If you have an appointment to see your doctor on \_\_\_\_\_ 2013 or after, please call (718) 613-4000 for assistance in arranging for alternative care.

After the Program closes, your medical records will continue to be stored at the hospital for a period of time. If you need a copy of your medical records, radiology or laboratory results or any other questions, please call (718) 613-4000.

All of us at Interfaith Medical Center appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

**EXHIBIT F**

**Proposed Timeline**

Filing of Initial Draft of Plan of Closure: July 25, 2013

Closure initiates: [September 26, 2013]

Inpatient admissions cease: [September 26, 2013]

Emergency Department goes on permanent diversion and operates on a “treat and release or transfer” site: [September 26, 2013]

Two (2) ambulances(1 basic life support ambulance and 1 advanced life support ambulance) to be stationed at the Emergency Department following closure of inpatient services, and for a period of time after the ED closes on [October 25, 2013] as may be agreed to by IMC and DOH to facilitate any necessary transfers (this will be assessed at the time of ED closing)

Closure of Emergency Department: [October 25, 2013]

Cessation of inpatient care services: [September 26, 2013]

All inpatients discharged or transferred: [October 26, 2013]

Cessation/transfer of outpatient programs: [November 26, 2013]

Cessation/transfer of HIV, detox and rehabilitation programs: [December 25, 2013]

**EXHIBIT 2**

**Redline Of The Updated Closure Plan  
Against Closure Plan Version Filed August 12, 2013**

\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\*



~~August~~September \_\_, 2013

**VIA FACSIMILE AND REGULAR MAIL**

Karen S. Westervelt  
Deputy Commissioner  
Office of Health Systems Management  
NYS Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York, 12237

Re: Interfaith Medical Center

Dear Ms. Westervelt:

The following is a draft of the Plan of Closure (the “Closure Plan”) required by 10 NYCRR §401.3 for Interfaith Medical Center (“IMC”) (Operating Certificate #7001046H).

In summary, IMC’s Emergency Department will go on permanent diversion status on [~~August~~September 26, 2013]. IMC will cease accepting new inpatient admissions as of 12:01[\_\_\_\_] a.m./p.m.] on [~~August~~September 26, 2013]. On [~~August~~September 27, 2013] at 6 a.m., the Emergency Department will be transitioned to a “treat and release or transfer” site. All in-patients will be discharged or transferred by [~~September~~October 26, 2013]; all outpatients will be discharged or transferred by [~~October~~November 26, 2013]; and all HIV, detox and rehabilitation patients will be discharged or transferred by [~~November~~December 25, 2013]. IMC will cease all operations as of [~~November~~December 25, 2013] (“closure date”). IMC will use its best efforts to work closely with New York State Department of Health (“NYS DOH”) and other applicable regulatory agencies to identify and make arrangements with alternative providers for the continuance of all outpatient programs operated by IMC or, if such arrangements can not be made, the transfer of each then-current outpatient to an alternative provider for ongoing care. Set forth below is a description of all elements of the Closure Plan. This Closure Plan is subject to approval by the NYS DOH and the United States Bankruptcy Court of the Eastern District of New York (the “Bankruptcy Court”).

**I. Introduction**

On July 24, 2013 the Board of Trustees of IMC directed management to develop and implement a plan for the closure of its inpatient care facilities, and to provide for the identification of alternative providers for the continuance of its outpatient programs, and the transfer of its

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

outpatients to alternative providers if such arrangements cannot be made. This decision was reached after concluding that we have exhausted all efforts to preserve IMC as an inpatient hospital and as a result of the directive set forth in that certain letter from Karen Westervelt, Deputy Commissioner, Office of Primary Care and Health Systems Management, dated July 19, 2013. Without an approved reorganization plan and financing to maintain operations in bankruptcy, IMC expects changes may occur quickly as suppliers, staff, physicians, and others respond to initial communications regarding sale and closure of IMC. While IMC will comply with all Federal and State employee notification requirements, IMC needs to avoid any situation that might represent a threat to patient health and will seek to reduce in-patient census as quickly as safely manageable.

## **II. IMC Overview**

IMC's core business is anchored in Central Brooklyn. The Community of Central Brooklyn faces serious health care access issues. IMC is located in a primary medical care Health Professional Shortage Area as designated by the federal government. The shortage of primary care providers combined with the social problems that plague low income, high poverty communities have led to serious health status consequences for its residents.

The services provided by IMC are reflected on its operating certificate attached as **Exhibit A**. These services include a broad spectrum of inpatient services with 287 beds. IMC also has outpatient facilities including 3 clinics and 7 behavioral health sites.

The closure of IMC requires communication to employees, patients, families, providers, and the community at-large, transfer/removal of medical records, disposition of equipment, pharmaceuticals and inventory. In anticipation of the closing of IMC and in preparation for the transition of the community and patients to alternative delivery sites, IMC management is working with other area organizations and providers to plan for communication and transition. IMC is involving other stakeholders in the closure process, including:

- IMC Medical Staff
- IMC Employees
- Collective Bargaining Units, including 1199/SEIU, NYSNA, CIR, Federation of Union Doctors
- Governor Andrew Cuomo
- Mayor Michael Bloomberg
- U.S. Senator Charles Schumer
- Brooklyn Borough President, Marty Markowitz
- Congressman Hakeem Jeffries
- State Senator Velmanatte Montgomery
- Assemblywoman Annette Robinson
- Assemblyman Walter Mosley
- Councilman Albert Vann
- Local Fire, Police, and EMS Units
- NYC Office of Emergency Management
- Other Brooklyn-based health care providers



**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

- NYC DOHMH
- NYS DOH
- ACGME
- NYS Office of Mental Health (“OMH”)
- NYS Office of Alcoholism and Substance Abuse Services (“OASAS”)
- The Joint Commission (“TJC”)
- The Centers for Medicare and Medicaid Services (“CMS”)
- NYS Attorney General’s Office (“NYS AG”)

**III. Board of Trustees Authorization**

The Board of Trustees of IMC voted to approve the closure of IMC’s inpatient services (unless an alternative provider acceptable to DOH can be found), and to provide for the transfer of all outpatient programs to alternative providers to continue the operation of each such program, or, if an alternative provider cannot be found, to close such program and transfer each then-current patient to an alternative provider for ongoing services and to approve the submission of this Plan to DOH, at its meeting on July 24, 2013.

**IV. Operating Certificates**

A copy of IMC’s Operating Certificate is attached as **Exhibit A.**

**V. Services to Close or Transfer**

A. In-Patient Services at IMC.

B. Outpatient Services/Hospital Extension Clinics.

1. IMC Primary Care Designated HIV Treatment Center at 880 Bergen Street, Brooklyn, NY 11238
2. Bishop O.G. Walker Jr. Health Care Center at 528 Prospect Place, Brooklyn, NY 11238
3. Dental Center at 1536 Bedford Avenue, Brooklyn, NY 11216
4. Behavioral Health Alternative Housing Program at 1366 East New York Avenue, Brooklyn, NY 11233
5. Behavioral Health Program Adult Clinic at 1038 Broadway, Brooklyn, NY 11238
6. Mobile Crisis Unit at 880 Bergen Street, Brooklyn, NY 11238
7. Methadone Maintenance Treatment Program at 882 Bergen Street, Brooklyn, NY 11213

C. Mental Health/Substance Abuse Programs at IMC’s primary location, 1545 Atlantic Avenue, Brooklyn NY 11213

1. Mental Health Clinic Treatment Program
2. Partial Hospitalization Program

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

3. Intensive Psychiatric Rehabilitation Treatment Program
  4. Polysubstance Detoxification Unit
  - ~~5. Intensive Psychiatric Rehabilitation Treatment Program~~
  5. Chemical Dependency Outpatient Services
- D. OPWDD services provided at various locations throughout Brooklyn at facilities neither owned or leased by IMC through a contract with Global Communication Services, Inc.
- E. Urgi-Center operated by Atlantic Urgent Care, P.C., a captive professional corporation of IMC, at 1545 Atlantic Avenue, Brooklyn, NY 11213.
- F. Graduate Medical Education/Undergraduate Medical Education:

IMC is the primary training site for 117 residents and fellows in the following specialties, through affiliation with State University of New York, Downstate.

Internal Medicine	91 Residents	Sponsored by IMC
Dental	9 Residents	Sponsored by IMC
Podiatry	7 Residents	Sponsored by IMC
Ophthalmology	6 Residents	Sponsored by St. John's Episcopal Hospital
Gynecology	4 Residents	Sponsored by The Brooklyn Hospital Center
APA Approved Psychology Methodist	4 <del>Residents</del> <u>Interns</u>	Sponsored by New York Hospital
Fellows	9 (4 Pulmonary, 3 Gastroenterology, 2 Cardiology)	

In addition, IMC is a participating teaching site for medical students from NY Medical College (12), Saint Matthew's University (8) and SABA University Medical School (7).

**VI. Closure Impact**

The primary service area for IMC includes Central Brooklyn.

Continuity of care for IMC's inpatient population will be provided by a number of providers, including:

- Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Kings County Medical Center
- Kingsbrook Medical Center
- New York Methodist Hospital

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

- SUNY Downstate
- Woodhull Medical and Mental Health Center
- ~~Wyckoff~~Wyckoff Heights Medical Center

IMC management has reached out to each of these facilities to advise them of the impending closure. There will be significant impact on each of these facilities, as they will need to absorb IMC's emergency room volume, inpatient medical/surgical and inpatient psychiatric admissions. IMC will work closely with each facility to ensure as smooth a transition as possible. These facilities are accessible via public transportation and private automobile. We are drafting notification letters to be given to inpatients, family members and visitors, indicating the intention of IMC to transfer its patients to alternative providers (subject to patient choice), the closure of IMC and how they may obtain a copy of their medical records. Posters will be prominently displayed in high traffic areas such as: the emergency room, the lobby, waiting areas, and the cafeteria.

**VII. Emergency Department Closure Process**

IMC intends to coordinate with **FDNY**, concerning the plan for the closure of IMC, the Emergency Department and IMC's ambulance services. When the Closure Plan is approved by NYS DOH and Bankruptcy Court, IMC will send a letter to Commissioner Salvatore J. Cassano and Chief Robert Hannafey outlining the proposed closure and transition plan for the Emergency Department and IMC's 911 EMS ambulance routes. The proposed closure and transition plan is as follows:

1. Notify FDNY and area hospitals that the Emergency Room will go on permanent diversion status at ~~6~~  a.m. ~~[August]~~[p.m.] [September 26, 2013], for all services.
2. Notify all facilities with active transfer agreements that the Emergency Department is on diversion status and their patients should be directed to other facilities for care;
3. Send a DOH and Bankruptcy Court approved press release to local newspapers;
4. Post signs in English, Spanish, and French Creole at the Emergency Department entrance and other locations in the hospitals and off-site clinics, informing the public of our plan to close the Emergency Department on ~~[August 26]~~[October 25, 2013];
5. On ~~[August 27]~~[September 26, 2013], IMC will cease admitting Emergency Department patients to the hospital. All patients treated in the Emergency Department after that date will be treated and released or transferred to other facilities, as necessary. The hospital will maintain two (2) non-911 ambulances (1 basic life support ambulance and 1 advanced life support ambulance) to be stationed at the Emergency Department starting on [September 26, 2013], and

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

continuing for such period of time after the Emergency Department closes permanently, as may be agreed upon between IMC and DOH;

6. Remove or cover all signs at the hospital identifying it as an Emergency Receiving Hospital;
7. Notify New York Department of Transportation that all blue hospital signs need to be removed;
8. The Emergency Department will cease operations on [~~September~~October 25, 2013] at 6 a.m. The ~~hospital will maintain~~ two (2) non-911 ambulances (1 basic life support ambulance and 1 advanced life support ambulance) will continue to be stationed at the Emergency Department ~~until [September~~for a period of time after [October 25, 2013] ~~or such time~~ as may be agreed to by IMC and DOH to facilitate any necessary transfers ~~(this will be assessed at the time of closing);~~
9. A security department staff member will remain in the Emergency Department for a thirty (30) day period following the closure to provide information to persons who may arrive at the Emergency Department seeking care;
10. Post closure of the Emergency Department Signs in English, Spanish, French Creole will be placed at the Emergency Department entrance providing emergency 911 contacts and directing patients to the nearest Emergency Department; such signs shall remain in place as long as may be feasible;
11. Summary of 9-1-1 Receiving Hospital and Ambulance Services
  - a. IMC ~~intends to collaborate~~is collaborating with the Director of NYSDOH Bureau of Emergency Medical Services, and FDNY EMS Chief regarding the impact of the proposed closure on the EMS system.

**VIII. Plans for Continuity of Care**

A. Inpatient Services – It is anticipated that all general acute care hospital beds will close by [~~September~~October 26, 2013]. IMC will cease accepting new admissions as of ~~12:01~~[ ] a.m./p.m.] on [~~August~~September 26, 2013]. All inpatients at IMC will be discharged or transferred by [~~September~~October 26, 2013]. It is anticipated that the majority of these patients will be discharged with the remaining patients requiring transfers to other hospitals or placement in long-term care or specialty facilities. Subject to patient choice, IMC will transfer those patients requiring continued hospitalization to other area hospitals after obtaining appropriate patient consent. IMC is coordinating with NYS DOH to ensure that the facilities that accept patients participate in the patients' managed care networks, as appropriate, to the fullest extent possible. All medical records will be maintained and stored per section XIII below. It is assumed that the acute care volume normally treated at IMC will be absorbed by other hospitals in the vicinity including Brookdale Hospital Medical Center, The Brooklyn Hospital Center, Kings County Medical Center, Kingsbrook Medical Center, New York Methodist Hospital, SUNY Downstate, Woodhull Medical and Mental Health Center, and Wyckoff Heights Medical

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

Center. The chief executive officer of each of these hospitals ~~will be~~ has been notified of the impending closure.

The following inpatient services, and all other inpatient services necessary to support patient care for remaining patients, will be continued until all patients are transferred or discharged on or before [~~September 16,~~ October 26, 2013].

- (a) radiology (diagnostic) services;
- (b) nuclear medicine (diagnostic) services;
- (c) pharmaceutical services; and
- (d) laboratory services.

B. Surgical Services – Elective surgeries will be discontinued as of [~~August~~ September 26, 2013]. All surgeries scheduled after that date will be cancelled or transferred. Physicians utilizing hospital surgical services will be notified in writing of the projected date of closure of the service.

C. Outpatient Services/Hospital Extension Clinics – IMC is working with DOH and OMH to provide for the transfer of IMC's clinics to or with alternative providers to continue the operation of the clinics and, if possible, within the IMC community. If, however, alternative providers cannot be found by a date to be determined in consultation with DOH, the clinics will cease operations. All patients will be notified of the transfer or closure, as the case may be, of each ~~of~~ clinic and will be transferred or referred to other area clinics for continued care and treatment, subject to patient choice. All patient records will be stored and will be forwarded to other clinics or practitioners as and when directed by the patient. The clinics and specific information relating to each is set forth below:

1. IMC Primary Care Designated HIV Treatment Center at 880 Bergen Street, Brooklyn, NY 11238.

~~IMC is currently in discussions with Brookdale Hospital Medical Center, The Brooklyn Hospital Center and~~ has received a commitment from Kingsbrook Jewish Medical Center to ~~either~~ assume operations of this clinic ~~or accept patients from this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.~~

~~IMC has contacted Deborah Dewey, MUP, Statewide Coordinator, Designated AIDS Center Program, for a Closure Plan template, Closure Plan tracking form and additional guidance. We will~~ is working closely with the New York State AIDS Institute concerning the closure plan for the IMC Primary Care Designated HIV Treatment Center. IMC will comply with the HIV Center Closure Plan provided by the AIDS Institute, and employ the draft patient letter samples provided in making notice to patients attached hereto as **Exhibit B** regarding program changes and/or **Exhibit C** in the event the clinic closes. Specifically, if and when Kingsbrook receives the necessary approvals and funding and is

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confirmed as the alternative provider, the following steps will be taken to ensure continuity of care:

a. Subject to patient choice, all patients will be referred to Kingsbrook to continue services on site, with the same staff.

b. Patients will be tracked to ensure continuity of care and follow-up utilizing the spreadsheet attached as **Exhibit D**. This spreadsheet will be forwarded to the AIDS Institute at DOH to the attention of Ms. Deborah Dewey via a trackable means. All patients who present to the IMC Primary Care Designated HIV Treatment Center will be provided with counseling regarding the closure of the Clinic and the transfer to Kingsbrook. Patients will be provided with choice regarding their next provider. IMC Primary Care Designated HIV Treatment Center staff will be available to facilitate the medical record correspondence form to facilitate forwarding of the copy of the record. The IMC Primary Care Designated HIV Treatment Center staff are contacting each patient to encourage them to make an appointment so that this process may occur in a face to face setting. The IMC Primary Care Designated HIV Treatment Center will continue to see patients until such time that all patients have been placed with another provider. Should patients continue to contact the IMC Primary Care Designated HIV Treatment Center after the actual closure, they will be referred to the new provider at the same location. Counseling and referral will then occur.

c. A mechanism is in place to receive all laboratory and diagnostic results that arrive into the IMC Primary Care Designated HIV Treatment Center after the actual closure date. These results will be reviewed by Dr. Shamin Ahmed or Dr. Wilkins Williams, and appropriate actions, including patient or next provider notification will occur. Dr. Shamin and Dr. Williams can be reached via telephone at (718) 613-7555.

d. The telephone extension for the IMC Primary Care Designated HIV Treatment Center will remain intact and be assigned to the new provider at that site. If no alternative provider is found, the extension will remain intact and will be forwarded to a mailbox which will be checked daily and calls will be returned by clinic staff. This mailbox will remain in effect for 3 months.

2. Bishop O.G. Walker Jr. Health Care Center at 528 Prospect Place, Brooklyn, NY 11238

~~IMC is currently in discussions with Brookdale Hospital Medical Center, The Brooklyn Hospital Center and Kingsbrook~~  
IMC has received a commitment from Kingsbrook Jewish



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Medical Center to assume operations of this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

3. Dental Center at 1536 Bedford Avenue, Brooklyn, NY 11216

~~IMC is currently in discussions with Brookdale Hospital Medical Center, The Brooklyn Hospital Center and Kingsbrook~~  
IMC has received a commitment from Kingsbrook Jewish Medical Center to assume the operations of this clinic, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

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4. Behavioral Health Alternative Housing Program at 1366 East New York Avenue, Brooklyn, NY 11233

~~IMC is currently in discussions with~~ IMC has received a commitment from Service for the UnderServed to assume the services of this program. SUS plans to take over these services, and move the administrative office to its own facilities at 457 St Marks Ave A6, Brooklyn, and has committed to offering employment to all staff.

5. Behavioral Health Program Adult Clinic at 1038 Broadway, Brooklyn, NY 11238

On August 7, 2013, OMH issued a Request for Interest seeking Brooklyn based OMH licensed mental health clinic providers who are interested in assuming the operations of this clinic. Interested parties ~~are~~ were requested to respond by August 16, 2013. Per OMH, multiple expressions of interest that would keep the services in the current locations have been received and are under consideration.

6. Mobile Crisis Unit at 880 Bergen Street, Brooklyn, NY 11238

The Mobile Crisis Unit ~~will cease operations. The NYS DOH is working with the appropriate entities to direct referrals elsewhere, primarily in~~ service has been transferred to Kings County- Hospital as of August 30, 2013.

7. Methadone Maintenance Treatment Program at 882 Bergen Street, Brooklyn, NY 11213

IMC is currently in discussions with START Treatment & Recovery Centers (Addiction, Research ~~&and~~ Treatment ~~Corporation~~ Corp. or ARTC) to assume the operations of this clinic at its current location.

- D. Mental Health/Substance Abuse Programs at IMC's primary location, 1545 Atlantic Avenue, Brooklyn NY 11213

1. Mental Health Clinic Treatment Program

On August 7, 2013, OMH issued a Request for Interest seeking Brooklyn based OMH licensed mental health clinic providers who are interested in assuming operations of this program. Interested parties ~~are~~ were requested to respond by August 16, 2013. Per OMH, multiple expressions of interest that would keep the services in the current locations have been received and are under consideration.



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2. Partial Hospitalization Program – the program will cease accepting new patients as of the date that inpatient admissions cease. All patients in the program will continue to receive services through the six week program, and the program will be closed following the discharge of the last patient.
3. Intensive Psychiatric Rehabilitation Treatment Program – IMC has obtained commitments from other providers to accept transfer of all of these clients, subject to patient choice, at neighboring Personalized Recovery Oriented Services Programs (PROS) programs, as follows: the FEGS PROS program has committed to taking eight (8) patients, and the ICL PROS program has committed to taking seven (7) patients.
4. Polysubstance Detoxification Unit (inpatient) – will be closed along with other inpatient services.
- ~~5. Intensive Psychiatric Rehabilitation Treatment Program~~
5. Chemical Dependency Outpatient Services

IMC is currently in discussions with START Treatment & Recovery Centers (formerly Addiction Research Corporation Corp. or ARTC) ~~&and~~ Treatment Corporation to assume the operations of this clinic at another location in the IMC community.

- E. OPWDD services provided at various locations throughout Brooklyn at facilities neither owned or leased by IMC through a contract with Global Communication Services, Inc.

IMC is working with Global Communication Services, Inc. to transition the services historically provided by IMC. FEGS, Inc. and Terence Cardinal Cooke Health Care Center have both ~~expressed interest in assuming such services~~ committed to taking all of these clients: FEGS has committed to taking 50 clients, and Terence Cardinal Cooke has committed to taking 20 clients.

- F. Urgi-Center operated by Atlantic Urgent Care, P.C., a captive professional corporation of IMC, at 1545 Atlantic Avenue, Brooklyn, NY 11213.

~~IMC is currently in discussions with Brookdale Hospital Medical Center and Kingsbrook~~ IMC has received a commitment from Kingsbrook Jewish Medical Center to assume the operations of the Urgi-Center operations of this urgi-center, at the same site and with the current staff. Kingsbrook's commitment is subject to receipt of the necessary approvals and funding.

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\*****IX. Human Resource Services and Employee Relocation**

IMC employs approximately 1,500 FTE employees.

IMC is coordinating efforts to assist IMC's staff in receiving supplemental unemployment benefits and retraining and placements. Open and ongoing communication will continue with all affected staff and labor organizations. WARN ACT notices were mailed on August 2, 2013.

**X. Medical Staff Services and Relocation**

There are 343 members on IMC's medical staff, which includes 205 salaried physicians and 43 allied health practitioners. While some of IMC's physicians and allied health practitioners are credentialed at other hospitals, should they so desire, IMC will offer them assistance in obtaining clinical privileges at neighboring hospitals.

IMC will maintain credentialing files and access to same for a period of time after closure to support credentialing activities at other hospitals.

**XI. Medical Residents and Students****a. Residents/Fellows**

~~Notice to all~~All residents and fellows have been notified about IMC's anticipated closure and ~~initial steps have been taken to implement~~ residency rescue activities ~~with the Residency Program Director. Residency rescue activities will be~~are being implemented in accordance with ACGME guidelines. The ACGME has been notified of the impending closure and IMC is working closely with ACGME to ensure placement of the residents and fellows.

The Program Director ~~is reviewing~~has reviewed credentials and pre-~~qualifying~~qualified IMC's residents and fellows. The Program Director has contacted area residency programs- and IMC has received commitments from The Brooklyn Hospital Center (TBHC), Kingsbrook Jewish Medical Center, Brookdale Hospital Medical Center, ~~Maimonides Medical Center and NYC Health and Hospitals Corporation~~ have each expressed an interest in receiving a number of residents. ~~IMC and these providers are currently assessing the number of potential slots available and the impact of any capacity increase on the quality of the teaching program. The Program Director will circulate lists of potential slots to each resident, prompting an interview process and mutual selection for new placement.~~New York Methodist Hospital, and Lutheran Medical Center as follows:

**Internal Medicine Residents (91):**

- TBHC - 20
- Kingsbrook Jewish Medical Center- 33 (if it is selected to assume operations of the Bishop Walker clinic)
- Brookdale Hospital Medical Center - 20
- New York Methodist Hospital - 10
- Lutheran Medical Center – 5

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The Program Director is continuing to seek placement for the remaining three (3) Internal Medicine residents.

Dental Residents (9) – Kingsbrook Jewish Medical Center - 9 (if Kingsbrook is selected to assume operations of the Dental Clinic)

Podiatry Residents (7) – TBHC – 7

Pulmonary Fellows (4) -- Kingsbrook Jewish Medical Center – 4

GI Fellows (3) -- Sponsored by SUNY Downstate, which will be placing them in a new institution to continue their studies.

Cardiology Fellows (2) -- Sponsored by New York Methodist Hospital, which will be placing them in a new institution to continue their studies.

~~Kingsbrook Medical Center has expressed an interest in accepting all of IMC's pulmonary fellows (4).~~

Ophthalmology Residents (6) -- Sponsored by St. John's Episcopal Hospital, which will be placing them in a new institution to continue their studies.

Gynecology Residents (4) -- Sponsored by The Brooklyn Hospital Center, which will be placing them in a new institution to continue their studies.

Psychology Interns (4) -- Sponsored by New York Methodist Hospital. Three interns have accepted positions at St. John's Riverside Hospital – Andrus Pavilion, Greystone State Psychiatric Center, Morris Plains, New Jersey, and Kings County Hospital, Brooklyn. The fourth intern is awaiting the results of several interviews.

b. Medical Students

IMC has notified American University of Antigua College, NY Medical College, Saint Matthew's University and SABA University Medical Schools of IMC's anticipated closure. ~~It is anticipated that these~~ These entities have advised IMC that they will take whatever action is necessary to arrange new placements for their students.

**XII. Communications and Community Outreach Plan**

In addition to communicating with IMC patients, physicians, nurses, and staff, IMC will collaborate with various community members, including the unions, elected officials, government officials, the media and the community advisory boards. In addition IMC will issue a press release to various media outlets upon approval of the Closure Plan by the NYS DOH and Bankruptcy Court.

\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\*

### **XIII. Medical Records and Documentation Retention**

Medical Record management after the closure date will ensure the confidentiality of medical records and future access by patients and subsequent treating providers. IMC ~~has~~ solicited bids for permanent storage of all records required for retention. ~~IMC currently stores records with CitiStorage and Iron Mountain, and has preliminarily selected MetalQuest,~~ a major vendor for document management, ~~and has approached CitiStorage and Iron Mountain to develop and bid for retention of all IMC patient records required to be maintained in accordance with applicable law. IMC has also issued a Request for Proposal seeking alternate medical record storage providers. as the best qualified bidder, subject to approval of the Bankruptcy Court. IMC currently stores records with CitiStorage, SDK and Comprehensive Archives.~~ IMC will transfer all medical records to ~~the retained vendor~~ MetalQuest pursuant to a written agreement. The agreement will provide for future access by patients, regulatory agencies, and physicians, as appropriate. The agreement will require compliance with HIPAA, and state confidentiality laws, including HIV confidentiality laws, and that an HIV-compliant release form be used. IMC will maintain its main telephone number (718) 613-4000 and callers will be directed to contact the retained vendor directly for access to medical records.

IMC shall also arrange for the retention of, and access to, business and other records in accordance with applicable law and regulation.

### **XIV. Pharmacy**

The management of pharmaceuticals upon closure will be conducted within State and Federal DEA guidelines. Within each respective care area, the nurse manager and/or pharmacist will coordinate the tabulation of final pharmaceutical inventories and transport remaining pharmaceuticals to IMC's central pharmacy. All medications shall then be returned to vendors. IMC will document all pharmaceutical dispositions. IMC will surrender all licenses and registrations to DEA, the Board of Pharmacy the Bureau of Narcotics Enforcement and other applicable agencies per regulatory requirements. IMC will maintain all records pertaining to prescription drugs as required by applicable law.

### **XV. Radiology/Laboratory**

The management of radioactive materials and other chemicals and hazardous materials upon closure will be conducted within State and Federal guidelines. Within each respective area, the Department supervisor will coordinate the inventory of all such materials which shall then either be disposed of in accordance with State and Federal guidelines, returned to vendors, or transferred to another provider as appropriate. IMC will document all dispositions of such materials. Film library will be stored in an off-site facility as part of the IMC document retention plan as required by applicable law. Laboratory records will be maintained as part of the medical records as required by applicable law. Once these services are no longer required, IMC will surrender all licenses and registrations to the Department of Health, local agencies, and other applicable agencies per regulatory requirements. IMC has a contract with Radiac to manage decontamination of hot rooms at IMC.

\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\*

## **XVI. Medical Waste and Infectious Materials**

All medical waste and infectious materials will be disposed of through appropriate channels in full compliance with regulatory requirements. IMC has a contract with Steri-cycle to manage the appropriate disposal of all such materials.

## **XVII. Equipment, Furniture, and Fixtures**

Liquidation of equipment, furniture and fixtures will be done under the supervision of the Bankruptcy Court. ~~The plan is that~~ IMC will hire an appropriate vendor to assist in liquidating its physical assets subject to a solicitation of bids. Upon closing of floors, physical assets will be locked down and secured until disposed of. It is anticipated that asset sales will occur after all patients are discharged.

## **XVIII. Supplies and Inventory**

IMC will work with suppliers and vendors to ensure orderly closure and availability of necessary supplies until closure of IMC. Vendors will be notified of the closure and the termination of supply agreements in a timely fashion as necessary in accordance with their contracts and bankruptcy procedures. Unused supplies and inventory will be returned for refunds or donated to other not-for-profit facilities, as allowed by bankruptcy law.

## **XIX. Security Plan**

Upon announcement of the closure, IMC plans to significantly increase security to provide a safe environment for patients and employees and to safeguard assets. Units with valuable equipment, pharmaceuticals and medical supplies will be locked down. Physical assets will not be removed from the building without appropriate approval.

## **XX. Administrative Office**

The Administrative Office at 1545 Atlantic Avenue, Brooklyn, New York 11213 will remain open during the closure. Staff will be retained to support necessary administrative functions including, finance, IT, payroll, purchasing and A/P to meet all legal and financial reporting requirements.

## **XXI. Notifications**

IMC will notify each current IMC in-patient and out-patient (and that person's next-of-kin and physician, where appropriate) of the impending closure of IMC. Draft forms of notices to inpatients and outpatients are attached hereto as Exhibit B and Exhibit DE. IMC will also notify the following persons and entities of its impending closure:

- IMC employees
- Union representatives
- Office of the Mayor of the City of New York (pursuant to WARN Act)
- State Relocation Worker's Unit (pursuant to WARN Act)
- All IMC based private practices

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

- The Brooklyn Hospital Center
- New York Methodist Hospital
- SUNY Downstate
- Woodhull Medical and Mental Health Center
- Kingsbrook Medical Center
- Kings County Medical Center
- Brookdale Hospital Medical Center
- Hunter Ambulance
- First Response Ambulance
- NYS Department of Health
- NYC DOHMH
- ACGME
- OMH
- OASAS
- TJC
- CMS
- NYS AG, Charity Bureau

IMC will communicate with the community about closure, including release of a press release to local newspapers upon approval of the Closure Plan by the NYS DOH and Bankruptcy Court to be and placement of notices outside IMC.

## **XXII. Timing of Key Closure Activities**

A proposed timeline for the closure is included in **Exhibit EF**.

IMC is committed to an orderly closure that will prevent disruption of patient care and minimize inconvenience to patients and their families. We ask that you direct any questions you may have concerning this Plan to the following:

Patrick Sullivan  
Interim Chief Executive Officer  
Interfaith Medical Center  
718-613-4120  
PSullivan@interfaithmedical.org

Judith A. Eisen, Esq.  
Garfunkel Wild, PC  
516-393-2220  
jeisen@garfunkelwild.com

Sincerely,

Patrick Sullivan

**\*\*\*FOR DISCUSSION PURPOSES ONLY\*\*\***

Interim Chief Executive Officer

cc: Judith Eisen, Esq.

DRAFT



**EXHIBIT A**

**Operating Certificate**

DRAFT



**EXHIBIT B**

**Form of Patient Notice**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO INPATIENTS]

\_\_\_\_\_, 2013

Dear Patient and Family:

As a patient ~~to~~<sup>of</sup> Interfaith Medical Center (“IMC”), we are saddened to tell you that, after more than 140 years of service to people of Central Brooklyn and the surrounding communities, IMC is closing.

We are committed to making your transition to a new healthcare provider as smooth as possible. IMC’s staff will be visiting you to arrange for your discharge and follow up care, if your physician believes you are ready, or for your transfer to another facility, if you need continued inpatient care and treatment. You have a choice about where to obtain your care. If you will be transferred to another facility, our staff members will work with you and your family to determine which provider will best be able to meet your treatment needs, and will make all the transfer arrangements. You will be provided with appropriate transportation and will be escorted by appropriate medical personnel. Copies of all of your relevant medical records will be sent with you to the next facility.

After IMC closes, your medical records will continue to be stored at IMC for a period of time. If you need a copy of your medical records or radiology or laboratory results, please call (718) 613-4000.

All of us at IMC appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

**EXHIBIT C**

**Form of Notice in event IMC Primary Care Designated HIV Treatment Center Closes**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO ~~INPATIENTS~~PRIMARY CARE CLINIC PATIENTS – CLINIC CLOSURE]

, 2013

Dear Patient;

Our records indicate that you have been a patient at Interfaith Medical Center's Primary Care ~~Designated HIV Treatment Center~~Clinic. It is with regret that we inform you of the closure of the Interfaith Medical Center and the ~~Treatment Center~~Clinic. The last day that the ~~Treatment Center~~Clinic will see patients is \_\_\_\_\_, 2013.

It is extremely important that you continue to seek medical care. We are available to assist you in any way in this transition.

Attached you will find a listing of providers for continued care. Our staff can assist you in choosing a provider that is convenient for you and in the network of your managed care plan. Please contact \_\_\_\_\_ at \_\_\_\_\_ **Number**.

~~\_\_\_\_\_ of the medical~~The Interfaith Medical Center records department will help you to obtain a copy of your medical record or send it to your next provider. ~~\_\_\_\_\_ can be reached at \_\_\_\_\_ There will be no charge for this service.~~at no charge to you. You can reach the medical records department by calling (718) 613-4000. An authorization form is enclosed for your convenience. Forms are also available at the ~~Treatment Center~~Clinic.

Please complete the form, sign it and either bring it to the ~~Treatment Center~~Clinic or mail it to:

Contact

Address

All of us at Interfaith Medical Center appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

Attachment – Alternative Providers

<u>Name of Alternative Provider</u> <u>[Include HIV providers at</u> <u>D&amp;TCs as well as hospitals as</u> <u>outpatient care options]</u>	<u>Address</u>	<u>Managed Care Plans Accepted</u>

**EXHIBIT D**

**[TRACKING SPREADSHEET](#)**

DRAFT

**EXHIBIT E**

**Forms of Out-Patient Notices**

DRAFT

[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS-TRANSFER OF OPERATION TO ANOTHER PROVIDER]

\_\_\_\_\_, 2013

Dear Patient:

As an outpatient of Interfaith Medical Center's \_\_\_\_\_ Clinic (the "Clinic"), we want to let you know that, as of \_\_\_\_\_, 2013, the operations of the Clinic will be transferred to \_\_\_\_\_. It is the hospital's goal to provide stability and to maintain quality healthcare and vital services during this transition.

As always, our first priority is our patients. [The clinical staffs who have cared for you at the Clinic will continue to provide you with the highest quality care.] You should not experience any interruption of services.

You have a choice about where you receive your medical care, and we hope you will choose to continue your care with \_\_\_\_\_. Should you seek treatment elsewhere, however, you may request that a copy of your medical records be sent to your new provider by calling (718) 613-4000.

\_\_\_\_\_ [name of new provider] is committed to providing high quality, compassionate care and services for its patients, their families and the communities we serve. If you have any questions about your care or need other assistance, please call (718) 613-4000.

Thank you for trusting us with your medical care, and for your support and understanding during this transition.

~~[INSERT LIST OF NAMES AND CONTACT INFORMATION]~~

Thank you for your patience ~~with~~ during this ~~change~~ transition.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer



[INTERFAITH MEDICAL CENTER LETTERHEAD]

[NOTICE TO OUTPATIENTS - CLOSURE OF PROGRAM]

\_\_\_\_\_, 2013

Dear Patient and Family:

As an outpatient of Interfaith Medical Center's \_\_\_\_\_ Program (the "Program"), we are saddened to tell you that the Program will be closing as of \_\_\_\_\_, 2013. It is our goal to provide stability and to maintain quality healthcare and vital services during this transition.

You have a choice about where to obtain your care. The providers listed below are available to provide continuing care to patients of the Program. Please call the provider directly to arrange an appointment. If you need assistance or a referral, we will help you in locating another provider to continue your care. Please call (718) 613-4000 for assistance. We will transfer your records to your new provider upon your written consent. If you have an appointment to see your doctor on \_\_\_\_\_ 2013 or after, please call (718) 613-4000 for assistance in arranging for alternative care.

After the Program closes, your medical records will continue to be stored at the hospital for a period of time. If you need a copy of your medical records, radiology or laboratory results or any other questions, please call (718) 613-4000.

All of us at Interfaith Medical Center appreciate the trust you have placed in us over the years and thank you for your understanding.

Sincerely,

\_\_\_\_\_  
Patrick Sullivan  
Interim Chief Executive Officer

**EXHIBIT EF**

**Proposed Timeline**

Filing of Initial Draft of Plan of Closure: July 25, 2013

Closure initiates: [~~August~~September 26, 2013]

Inpatient admissions cease: [~~August~~September 26, 2013]

Emergency Department goes on permanent diversion and operates on a “treat and release or transfer” site: [~~August~~September 26, 2013]

Two (2) ambulances(1 basic life support ambulance and 1 advanced life support ambulance) to be stationed at the Emergency Department ~~until~~ [~~September~~following closure of inpatient services, and for a period of time after the ED closes on October 25, 2013] ~~or such time~~ as may be agreed to by IMC and DOH to facilitate any necessary transfers (this will be assessed at the time of ED closing)

Closure of Emergency Department: [~~September~~October 25, 2013]

Cessation of inpatient care services: [September 26, 2013]

~~Cessation of outpatient programs:~~ All inpatients discharged or transferred: [October 26, 2013]

Cessation~~/transfer of outpatient programs:~~ [November 26, 2013]

Cessation/transfer of HIV, detox and rehabilitation programs: [~~November~~December 25, 2013]